

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

HCR Manor Care PAC

ADDRESS (number and street)

333 North Summit Street

16th Floor

☐Check if different  
than previously  
reported. (ACC)

Toledo

OH

43604

2617

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00260141

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:☐

Primary (12P)

☒

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

11

07

2006

in the  
State of

OH

(d) 30-Day  
Post -Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

☐☐☐in the  
State of☐

5. Covering Period

10

01

2006

through

10

18

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Frank A Jannazo

Signature of Treasurer

Electronically Filed by Frank A Jannazo

Date

10

19

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
HCR Manor Care PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
1	0	1	8	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2006</span>		122561.74
(b) Cash on Hand at Beginning of Reporting Period .....	60494.23	
(c) Total Receipts (from Line 19) .....	554.52	118065.58
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	61048.75	240627.32
7. Total Disbursements (from Line 31) .....	10356.37	189934.94
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	50692.38	50692.38
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name  
HCR Manor Care PAC

Report Covering the Period:

From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	6

To:

M	M
1	0

D	D
1	8

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	214.66	61375.86
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	339.86	51059.13
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➡	554.52	112434.99
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➡	554.52	112434.99
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	630.59
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	554.52	118065.58
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	554.52	118065.58

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	10000.00	10553.57
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	10000.00	10553.57
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	124075.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	356.37	55306.37
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	10356.37	189934.94
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	10356.37	189934.94

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	554.52	112434.99
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	554.52	112434.99
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	10000.00	10553.57
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	10000.00	10553.57

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

**A.** Full Name (Last, First, Middle Initial)  
Pamella S Britt  
Mailing Address 27135 State Rt 49

City State Zip Code  
Potomac IL 61865

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare Inc.

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

830.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 2 / 2 0 0 6

Transaction ID: SA11A1.26150

Amount of Each Receipt this Period

50.00

Payroll deduction

**B.** Full Name (Last, First, Middle Initial)  
Janet E Diehl  
Mailing Address 3903 BARBARA ANN DRIVE

City State Zip Code  
MONROEVILLE PA 15146

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare Inc.

Occupation  
Regional Dir of Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.82

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 2 / 2 0 0 6

Transaction ID: SA11A1.26156

Amount of Each Receipt this Period

9.62

Payroll deduction

**C.** Full Name (Last, First, Middle Initial)  
Timothy C Dietzen  
Mailing Address 3615 Sunnyview Rd

City State Zip Code  
Appleton WI 54914

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare Inc.

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 2 / 2 0 0 6

Transaction ID: SA11A1.26157

Amount of Each Receipt this Period

25.00

Payroll deduction

**SUBTOTAL** of Receipts This Page (optional) .....

84.62

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

**A.** Full Name (Last, First, Middle Initial)  
Sandra K Hayes  
Mailing Address 15719 N. Chronicle Lane

City State Zip Code  
Mead WA 99021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare Inc.

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.94

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 2 / 2 0 0 6

Transaction ID: SA11A1.26161

Amount of Each Receipt this Period

11.54

Payroll deduction

**B.** Full Name (Last, First, Middle Initial)  
Ms Elizabeth Loyet  
Mailing Address 20115 183rd Place Northeast

City State Zip Code  
Woodinville WA 98072

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare Inc.

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 2 / 2 0 0 6

Transaction ID: SA11A1.26170

Amount of Each Receipt this Period

10.00

Payroll deduction

**C.** Full Name (Last, First, Middle Initial)  
Nancy F Mason  
Mailing Address 56 Holden Dr

City State Zip Code  
Martinsburg WV 25401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare Inc.

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 2 / 2 0 0 6

Transaction ID: SA11A1.26171

Amount of Each Receipt this Period

15.00

Payroll deduction

**SUBTOTAL** of Receipts This Page (optional) .....

36.54

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

**A.** Full Name (Last, First, Middle Initial)  
Deborah A McMonagle

Mailing Address 1632 Patricia Ave

City State Zip Code  
Willow Grove PA 19090

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare Inc.

Occupation  
General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 2 / 2 0 0 6

Transaction ID: SA11A1.26173

Amount of Each Receipt this Period

20.00

Payroll deduction

**B.** Full Name (Last, First, Middle Initial)  
Douglas M Parson

Mailing Address 812 Countay Club Drive

City State Zip Code  
Butler MO 64730

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare Inc.

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 2 / 2 0 0 6

Transaction ID: SA11A1.26176

Amount of Each Receipt this Period

20.00

Payroll deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Mark Schroepfer

Mailing Address 2328 Bonnie Brae

City State Zip Code  
Santa Ana CA 92706

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare, Inc.

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 2 / 2 0 0 6

Transaction ID: SA11A1.26180

Amount of Each Receipt this Period

15.00

Payroll deduction

**SUBTOTAL** of Receipts This Page (optional) .....

55.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

**A.** Full Name (Last, First, Middle Initial)

Marionlee J Specter

Mailing Address 5286 Sell Road

City State Zip Code  
 New Tripoli PA 18066

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare Inc.

Occupation  
Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.50

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 0 2 / 2 0 0 6

Transaction ID: SA11A1.26181

Amount of Each Receipt this Period

38.50

Payroll deduction

**SUBTOTAL** of Receipts This Page (optional) .....

38.50

**TOTAL** This Period (last page this line number only) .....

214.66

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 / 12

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

Full Name (Last, First, Middle Initial)

## **A. Deal for Congress**

Mailing Address PO BOX 902

City  
GAINESVILLE

State  
GA

Zip Code  
30503

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: GA District: 09

Transaction ID: SB21B.26140

Date of Disbursement

10 / 12 / 2006

Amount of Each Disbursement this Period

4000.00

## **B. PALLONE FOR CONGRESS**

Mailing Address PO BOX 3176

City  
LONG BRANCH

State  
NJ

Zip Code  
07740

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NJ District: 06

Transaction ID: SB21B.26134

Date of Disbursement

10 / 10 / 2006

Amount of Each Disbursement this Period

1000.00

## **C. RYAN FOR CONGRESS**

Mailing Address P. O. Box 1919  
P. O. Box 1919

City  
Janesville

State  
WI

Zip Code  
53547

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: WI District: 01

Transaction ID: SB21B.26138

Date of Disbursement

10 / 12 / 2006

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

10000.00

**TOTAL** This Period (last page this line number only) .....

10000.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 / 12

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

Full Name (Last, First, Middle Initial)

## **A. Goodwin for Representative**

Mailing Address 18 Miller Road

City Archbold State OH Zip Code 43502

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.26136

Date of Disbursement

/   /

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. International Automated Transaction Services**

Mailing Address 1304 Hornby Street

City Vancouver State ZZ Zip Code

Purpose of Disbursement  
Credit Card fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.26142

Date of Disbursement

/   /

Amount of Each Disbursement this Period

6.28

Full Name (Last, First, Middle Initial)

## **C. The Huntington National Bank**

Mailing Address P.O. Box 5065

City Cleveland State OH Zip Code 44101-0065

Purpose of Disbursement  
Other Service Fees - 10/06

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.26143

Date of Disbursement

/   /

Amount of Each Disbursement this Period

44.99

**SUBTOTAL** of Disbursements This Page (optional) .....

301.27

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

Full Name (Last, First, Middle Initial)

**A.** The Huntington National Bank

Mailing Address P.O. Box 5065

City  
Cleveland

State  
OH

Zip Code  
44101-0065

Purpose of Disbursement  
Check Printing Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB29.26144

Date of Disbursement

/   /

Amount of Each Disbursement this Period

55.10

**SUBTOTAL** of Disbursements This Page (optional) .....

55.10

**TOTAL** This Period (last page this line number only) .....

356.37